

CMSP OVERPAYMENT CHECK HANDLING SLIP

INSTRUCTIONS: Complete this form when the amount of money recovered in the overpayment process exceeds the cost of recovery, as determined under form CMSP 610, Item 10.

The attached check in the amount of \$ _____ from _____
County represents the net amount of recovery from a County Medical Services Program (CMSP)
overpayment/fraud recovery action. This check should be deposited into the CMSP Account Number
896-82652.

Send completed form and check to:

Financial Management Branch
California Department of Health Services
Attention: Accounting Section
MS 1101
P.O. Box 997413
Sacramento, CA 95899-7413